

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK-----X  
Edward GREEN

Plaintiff/Movant/Petitioner,

-against-

The State of New York

Defendant/Respondent(s).  
-----X

## AFFIRMATION FOR TIMELINESS

14 Civ. 2073 (LAP)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED #: <u>7/30/14</u>

STATE OF New York }  
COUNTY OF Ulster } SS:Edward GREEN  
[Plaintiff/Movant/Petitioner Name]

makes the following Affirmation under the

penalties of perjury:

I am the Plaintiff/Movant/Petitioner in this action and I respectfully submit this

Affirmation in response to the Court's Order dated May 27, 2014. This action should not betime-barred by the statute of limitations because My lawyer Myron Warrick

was perfecting my post-conviction CPL 440 motion so  
I can show I have exhausted my state remedies. My  
CPL 440 motion was never completed by my lawyer  
Myron Warrick due to his untimely death which left  
me to navigate my own Writ of Habeas Corpus, which  
is the cause of my lateness due to I did not know  
of his untimely death until I wrote his office to  
find out if my CPL 440 motion was submitted, and

that's when I was struck with the news of his death. From that point I knew I had to move forward with my petition. The attach document(s) will show (The Death Certificate, and Notarized copies of Affidavits to valid his Death). After the death of Myron Warrick I had to abandon my CPL 440. motion and move forward so as not to be time barred. Hopefully due to this untimely death my petition will be granted due to I have acquired one of the prison lawyer clerks to assist me in my legal work.

[YOU MAY ATTACH ADDITIONAL PAGES, IF NECESSARY]

For the foregoing reasons, I respectfully request that this action be permitted to proceed.

DATED: 7-25, 2014

Edward Green 08A5560

Signature

EASTERN N.Y. C.F.

P.O. Box 338

Address

NAPANOCH, N.Y. 12458

City, State & Zip Code



# Things to Do...

- | DATE                             | Completed                |
|----------------------------------|--------------------------|
| 1 Ed. at point 2, please         | <input type="checkbox"/> |
| 2 write out but leave the        | <input type="checkbox"/> |
| 3 Second point 2 - page 5        | <input type="checkbox"/> |
| 4                                | <input type="checkbox"/> |
| 5 Also - Complete #16, last page | <input type="checkbox"/> |
| 6                                | <input type="checkbox"/> |
| 7 You must send the original     | <input type="checkbox"/> |
| 8 plus two copies to the F&B     | <input type="checkbox"/> |
| 9                                | <input type="checkbox"/> |
| 10 Working on your Mykon -       | <input type="checkbox"/> |
| 440                              |                          |

**State Representative**  
**Mario M. Scavello**  
176th Legislative District

**District Offices:**

31 Pocono Boulevard, Mount Pocono, PA 18344 (570) 839-0313 • FAX: (570) 839-3612  
c/o Greater Pocono Chamber of Commerce, 556 Main Street, PA 18360  
(570) 420-1168 • FAX: (570) 420-1169

**Harrisburg Office:**

Room 143 East Wing, P.O. Box 202176, Harrisburg, PA 17120-2176  
(717) 787-7732 • FAX: (717) 260-6203  
mscavell@pahousegop.com • marioscavello.com

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
MARCH 19, 2014 10:48 AM

### CERTIFICATE OF DEATH

Certificate No. 156-14-011424

1. DECEDENT'S  
LEGAL NAME Myron Warrick  
(First, Middle, Last)

Place Of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough <b>Bronx</b>	1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>James J. Peters VA Medical Center</b>
Date and Time of Death or Found Dead	3a. (Month) <b>March</b>	(Day) <b>14</b>	(Year-yyyy) <b>2014</b>	3b. Time <b>12:17</b>	4. Sex <b>Male</b>
					5. OCME Case No. <b>B14001200</b>
6. CAUSE OF DEATH (To be filled in by the OCME)	PART I	a. Immediate cause <b>Pending Further Studies</b>			
		b. Due to or as a consequence of <b>***</b>			
		c. Due to or as a consequence of <b>***</b>			
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information. <b>***</b>					
7a. Injury Date (mm dd yyyy)	7b. Time	7c. At Work	7d. Place of Injury - At home, factory, street, etc.		
<b>***</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>***</b>		
7e. How Injury Occurred <b>***</b>					
7g. If Transportation Injury Specify		8. Manner of Death		9. Autopsy	
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify		<input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	
10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated					
Certifier Signature <i>Margaret Prial</i>				D.O. M.D. Date <b>MAR-17-2014</b>	
Certifier Name (Print) <b>Margaret Prial</b>				Medical Examiner (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)	
11a. Usual Residence State	11b. County	11c. City or Town	11d. Street and Number	Apt. No.	ZIP Code
<b>New York</b>	<b>Bronx</b>	<b>Bronx</b>	<b>1118 Intervale Ave 1-I</b>		<b>10459</b>
12. Date of Birth (Month) (Day) (Year-yyyy)	13. Age at last birthday (years)		14. Social Security No.		
<b>May 08 1948</b>	<b>65</b>		<b>124-36-3585</b>		
15a. Usual Occupation (Type of work done during most of working life. Do not use "retired")		15b. Kind of business or industry		16. Aliases or AKAs	
<b>Diablo</b>		<b>Disable</b>		<b>*** ***</b>	
17. Birthplace (City & State or Foreign Country)		18. Education (Check the box that best describes the highest degree or level of school completed at the time of death)			
<b>New York, New York</b>		1 <input type="checkbox"/> 8th grade or less: none 2 <input type="checkbox"/> 9th - 12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSw, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
19. Ever in U.S. Armed Forces?	20. Marital/Partnership Status at time of death		21. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last)		
1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other Specify		<b>Yvonne Green</b>		
22. Father's Name (First, Middle, Last)		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)			
<b>Eam Preston Warrick</b>		<b>Lula Pearl Warrick</b>			
24a. Informant's Name		24b. Relationship to Decedent	24c. Address (Street and Number Apt. No. City & State ZIP Code)		
<b>Yvonne Green Warrick</b>		<b>Spouse</b>	<b>1118 Intervale Ave, Bronx, New York 10459</b>		
25a. Method of Disposition		25b. Place of Disposition (Name of cemetery, crematory, other place)			
1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other specify		<b>Liberty Grove Crematory</b>			
25c. Location of Disposition (City & State or Foreign Country)				25d. Date of Disposition	mm dd yyyy
<b>Old Bridge, New Jersey</b>				<b>03</b>	<b>19 2014</b>
26a. Funeral Establishment			26b. Address (Street and Number City & State ZIP Code)		
<b>All Boro Cremation Services, LLC.</b>			<b>1289 Forest Avenue, Staten Island, New York 10302</b>		

VR 16 (Rev 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

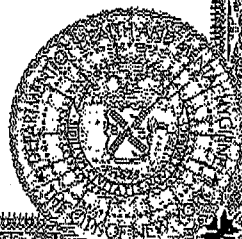
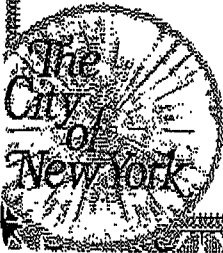
Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by § 3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

March 20, 2014 Order No. 20140321625

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., City Registrar



X 0 0 7 0 1 5 2 8



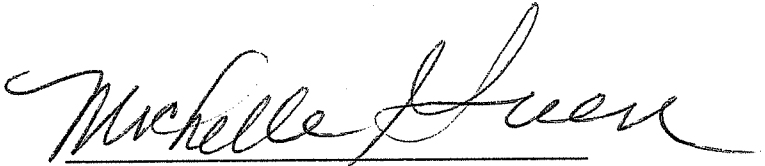
June 17, 2014

TO WHOM IT MAY CONCERN:

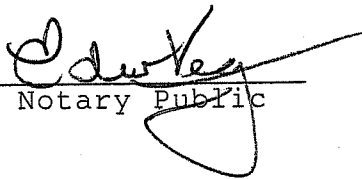
Re: Edward Green  
08A5510

Please be advised that Myron Warrick was preparing and submitting legal papers to the Court for the past seven years until his health failed him. I have enclosed a copy of his death certificate for your records. The papers which were submitted late was due to Mr. Warrick's inability to do the same in a timely manner because he was dying.

Thank you for your cooperation in this matter.

  
MICHELLE GREEN

Sworn to before me  
17<sup>th</sup> day of June,  
2014

  
Notary Public

EDWIN VEGA  
Notary Public, State of New York  
No. 02VE6067599  
Qualified in Bronx County  
Commission Expires December 10, 20 17

*To whom it may concern:*

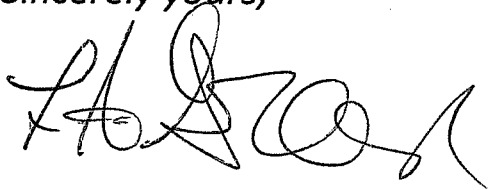
*I am sending this letter on behalf of my father, Edward Green 08A5510.*

*My cousin's husband, Myron Warrick, had been working with my father on his appeal process since his incarceration as far as I know. My father had even made sure he had a laptop to work on, which I had given him.*

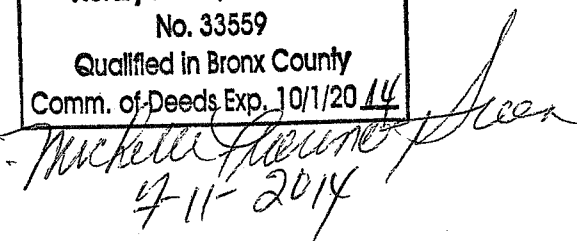
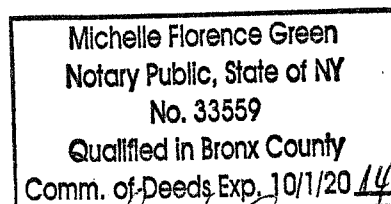
*Myron's recent passing was unexpected and has put a delay on my father's appeal process in some way. If you could see fit to grant him some leniency on it being sent to you late it would be greatly appreciated.*

*Thank you for your consideration in this matter.*

*Sincerely yours,*



Lewis A. Green



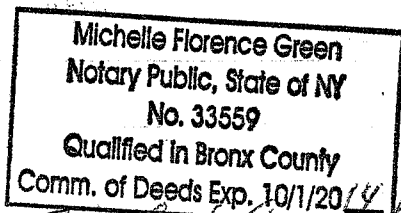
*Michelle Florence Green*  
7-11-2014



To Whom it may concern  
My name is Earl Green, I am aware  
That Mr. Mirron Warrick has been helping  
Mr. Edward Green-08A5510 with his legal  
matters for the past 7 yrs, until he  
became ill and past on in the month of  
March of this year, 2014  
Please give this matter your  
consideration.

Yours Truly

*Earl Green*



*Michelle Florence Green*

7-2-2014

CLERK  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
THE DANIEL PATRICK RICK MOYNIHAN UNITED STATES COURTHOUSE  
500 W. EARL STREET - NEW YORK, NY 10007-1312

OFFICIAL BUSINESS

DOCKET SERVICES

Edward Green  
08A5510  
Eastern New York Corr. fac.  
P.O. Box 338  
Napanoch, NY 12458

NEW YORK  
NY 100  
30 MAY '14  
PM 3 L

neopost  
05/29/2014  
FIRST-CLASS MAIL  
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ZIP 10007  
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RECEIVED

JUN 02 2014

ENYCF  
COMMUNICATIONS

12458003838





EASTERN NY CORRECTIONAL FACILITY

BOX 338

NAPANOCH, NEW YORK 12458-0338

NAME: Edward Green DIN: 08A5510

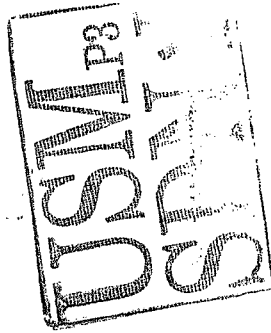
EASTERN NY



CORRECTIONAL FACILITY

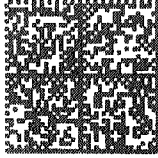
Clerk of the Court  
United States District Court  
Southern District of New York  
500 Pearl Street  
New York, N.Y. 10007-1312

Rm. 230



CONFIDENTIAL LEGAL MAIL

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